

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

 FORM APPROVED
 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 44A120		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/05/2012	
NAME OF PROVIDER OR SUPPLIER JOHN M REED NURSING HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 124 JOHN REED HOME RD LIMESTONE, TN 37681			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 246 SS=D	<p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation and interview, the facility failed to respond to reasonable accommodations and request for water for one resident (#13) of fifteen residents reviewed.</p> <p>The findings included:</p> <p>Resident # 13 was admitted to the facility on November 9, 2009, with diagnoses including: Hypertension, Anxiety, Chronic Pain, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus and Restless Leg Syndrome.</p> <p>Medical record review of the Minimum Data Set (MDS) dated November 8, 2011, revealed the resident is moderately dependent for transfers, mobility and activities of daily living.</p> <p>Observation on January 5, 2012, at 8:40 a.m., in the resident's room, revealed the resident's water pitcher lying on the floor beside the bedside table. Continued observation revealed the resident stated "I'm thirsty and want some water". Continued observation revealed Certified Nursing</p>			F 246	<p>F - 246 The corrective action that will be accomplished for resident #13 who was found to be affected by the deficient practice is the following: When resident's #13 alarm sounds it will be answered in a timely manner by staff and whatever the reasonable request from the resident, ie water, the staff will complete the request before leaving residents room. The LPN/Charge Nurse will have the responsibility to see that this is completed through the CNA's on her hall. She will monitor through a Write Up Form currently in use for disciplinary measures for job performance. This was reenforced on 1-23-2012.</p> <p>To identify other residents having the potential to be affected will have the following process followed: since all residents have the potential to be affected by the deficient practice, the Assistant DON will inservice (1-17,18 -12 (verbally and phone call and mail, cover letter attached) the Nursing staff on the necessity to answer call lights and respond to a reasonable request in a timely manner. Reminding them that all residents have the potential to have this deficiency occur with them and must have their needs met in a timely manner.</p> <p>The following measures will be put into place to ensur that this deficiency does not reoccur, an inservice (1-17,18 -12) (verbally, phone call and mail, cover letter attached)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*John Reed**Administrator*

2-15-12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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FINISHED, 01/05/2012
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F 246	Continued From page 1 Assistant (CNA) #1 entered the resident's room at 8:42 a.m., after the resident's bed alarm sounded and the resident asked for water. CNA #1 picked the water pitcher up out of the floor and discarded into the trash can. Further observation at 8:50 a.m., revealed CNA #1 came back into the room to change the resident's bed and the resident asked for water and the CNA stated "...I will get you some water...they will be coming by for ice pass and will get you a new pitcher..." Continued observation at 9:15 a.m., in the resident's room, revealed CNA #1 and another staff member changing the bed linen and assisted resident #13 into the wheel chair. The resident stated "...I want some water...". Further observation and interview with CNA #1 at 9:25 a.m., in the hallway outside the resident's room, confirmed the resident was asking for water. Further observation at 9:30 a.m. revealed the water pitcher at the bedside. Interview with the Director of Nursing (DON) at 9:40 a.m., in the DON office, confirmed the CNA failed to accommodate the resident's request in a timely manner and stock water pitchers were available.	F 246	given by the Assistant DON to Nursing staff on procedure for answering call lights, meeting resident needs in a timely manner, and the availability and storage of the water pitchers. The corrective action will be monitored by the Charge Nurse on each hall ensuring calls lights and requests are answered in a timely manner. The Charge Nurse has the responsibility and authority to supervise the CNA's assigned to work the hall with her. If the Charge Nurse observes that call lights are not being answered in a timely manner she will use the current Employee Warning form and write the CNA's up for job performance. These forms will be given to DON for review daily for necessary action, ei. training or discipline. Also when the daily routine rounds are made by the House Aide with the hydration carts, water pitchers will be accounted for and filled in each residents room. The DON will make weekly rounds one hall per week to observe water availability in residents rooms and record on a monitoring tool "Water Pitcher QA Check List". This will begin; 2-13-2012. She will then take this tool to the monthly QA (ADM, DON, Asst. DON) to see if any modifications are needed. This information will then be taken to the Quarterly QA where the Medical Director attends and is made aware of any concerns.		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control	F 441			

F246
2-13-12

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UNITED STATES OF AMERICA
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F 441	<p>Continued From page 2</p> <p>Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, facility policy review, and interview, the facility failed to follow the facility's policy for Infection Control during a dressing change for one resident (#4); failed to maintain infection control during the emptying of the indwelling urinary catheter drainage bag for one resident (#13) for fifteen residents reviewed.</p>	F 441	<p>F - 441 The corrective action that will be accomplished for resident #4 who was found to be affected by the deficiency is the following: Assistant DON will inservice (1-17,18 -12)(verbally, phone and mail, cover letter attached) on the facilities Infection Control Program ie, special instructions for dressing change procedures and hand washing to all licensed Nursing staff.</p> <p>Resident #4 will be used as a training tool to ensure staff is aware of the proper way to change dressings along with hand washing with glove changing.</p> <p>To identify other residents having the Potential to be affected by the deficiency the following: All residents who currently require dressing changes are in the treatment log book will be identified for special attention with an Instruction sheet for a proper dressing procedure to use as a reminder Assistant DON will inservice (1-17,18 -12)(verbally, phone and mail, cover letter attached) see attached those who did not attend one called and the information mailed to them on this date,) the licensed staff who do these Dressing changes on the facilities Infection Control Program.</p> <p>The Assistant DON will put into place the Following measure to ensure that this deficiency does not recur: An inservice (1-17,18 -12)see attached when mailed see cover letter) for all licensed nursing staff. For the facilities Infection Control Program ie, special instructions for</p>		

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F 441	<p>Continued From page 3</p> <p>The findings included:</p> <p>Resident # 4 was admitted to the facility on January 17, 2008, with diagnoses including Chronic Obstructive Pulmonary Disease, Chronic Pancreatitis, Anxiety, Dementia and Gastrointestinal (GI) bleed.</p> <p>Observation on January 4, 2012, at 1:30 p.m., in the resident's room, revealed Registered Nurse (RN) #1 cleaning, applying medication and changing the dressing to the resident's ankle. RN #1 washed the hands and applied double gloves prior to the dressing change, cleansed the wound with saline solution and removed the first layer of gloves. Continued observation revealed RN #1 failed to change the gloves or wash the hands and applied Triple Mix (topical antibiotic) to the wound and wrapped the wound with sterile gauze.</p> <p>Interview with RN #1 on January 4, 2012, at 3:20 p.m., confirmed the use of donned double gloves prior to dressing change and continued to complete dressing change wearing the second set of gloves without washing the hands.</p> <p>Review of facility policy for Dressing Changes-Clean Technique revealed "wash hands before and after the procedure, remove soiled dressing ...change gloves, clean wound with sterile normal saline solution... remove gloves and apply a dressing...".</p> <p>Interview on January 4, 2012, at 3:25 p.m., with the Director of Nursing (DON), in the dining room, confirmed RN #1 did not follow facility policy for Infection Control and dressing change.</p>	F 441	<p>Dressing change procedures and hand Washing to ensure this does not recur. A proper dressing change procedure Instruction sheet will be placed in the Treatment log book.</p> <p>The DON will choose two residents per week from the treatments sheets and will actually observe the Nurse doing the treatment to see if infection control is being followed. The DON will sign off on the monitoring tool (Dressing Change Quality Assurance Check Form). This tool will begin to be used on 2-13-2012. She will take these</p> <p>to QA (DON, Asst.DON & Adm.) if further education is needed or if disciplinary action will be required. This information will be taken to Quarterly QA for Medical Director to audit.</p> <p>_____ The corrective action that will be accomplished for resident #13 who was found to be affected is the following: an inservice (1-17,18-12)(see attached cover letter attached with the mailed inservice for those who could not attend) by the Asst. DON on the Facilities policy for Hand washing and the procedure for catheter care to the C NA staff so that resident #13 is given care to prevent the spread of any infections.</p> <p>To identify other residents having the potential to be affected by the deficiency will have the following procedure followed: All residents with in-dwelling catheters will be identified</p>		

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F 441	<p>Continued From page 4</p> <p>Resident # 13 was admitted to the facility on November 9, 2009, with diagnoses including: Hypertension, Anxiety, Chronic Pain, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus and Restless Leg Syndrome.</p> <p>Medical record review of the Minimum Data Set (MDS) dated November 8, 2011, revealed the resident is moderately dependent for transfers, mobility and activities of daily living.</p> <p>Observation on January 5, 2012, at 9:00 a.m., in the resident's room, revealed Certified Nursing Assistant (CNA) #1, applied gloves prior to emptying the indwelling catheter and emptied the urine bag. Further observation revealed CNA #1 continued to wear the soiled gloves and assisted the resident with clothing change.</p> <p>Interview with CNA #1, at 9:25 a.m., in the hallway, confirmed the CNA failed to change the gloves or wash the hands after emptying the urinary catheter drainage bag and assisted the resident with the clothing change while wearing the unclear gloves.</p> <p>Review of facility policy "Hand Washing" revealed "...handwashing will be performed before and after resident care is rendered and after handling contaminated articles...". Further review of the facilities "Infection Control policy" revealed "...all nursing personal shall be instructed in proper technique of handwashing and shall do so as frequently as instructed...before and after any treatment involving contact with residents..."</p> <p>Interview with the Director of Nursing (DON) at</p>	F 441	<p>on the CNA 24 hour currently used flow sheets to remind them of the special procedures that must be followed for catheter care and hand washing.</p> <p>The following procedure will be put into place to ensure that this deficiency does not recur: Charge Nurse for each hall will accompany the CNA doing catheter emptying and hand washing and doing personal care. This will start on 2-10-2012 and if she sees that the facilities policy for infection control is not being followed she will use the Employee Warning Form and write the CNA up and this form will go to the DON for further education or disciplinary action.</p> <p>The DON will take one hall per week to observe CNA's actually doing catheter care and hand washing techniques using a monitoring tool (Catheter Control Log) and then reporting to monthly QA (DON, Asst DON, Adm.) if further education is needed. This information will be taken and reported to Quarterly QA and the Medical Director will be in attendance.</p>	F 441 2-13-12	

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F 441	Continued From page 5 9:30 a.m., in the dining room, confirmed CNA #1 failed to follow the facilities policy regarding handwashing and Infection Control.	F 441			